

Maryland State Health Improvement Process (SHIP)

Objective 34: Reduce the number of emergency department visits related to behavioral health conditions

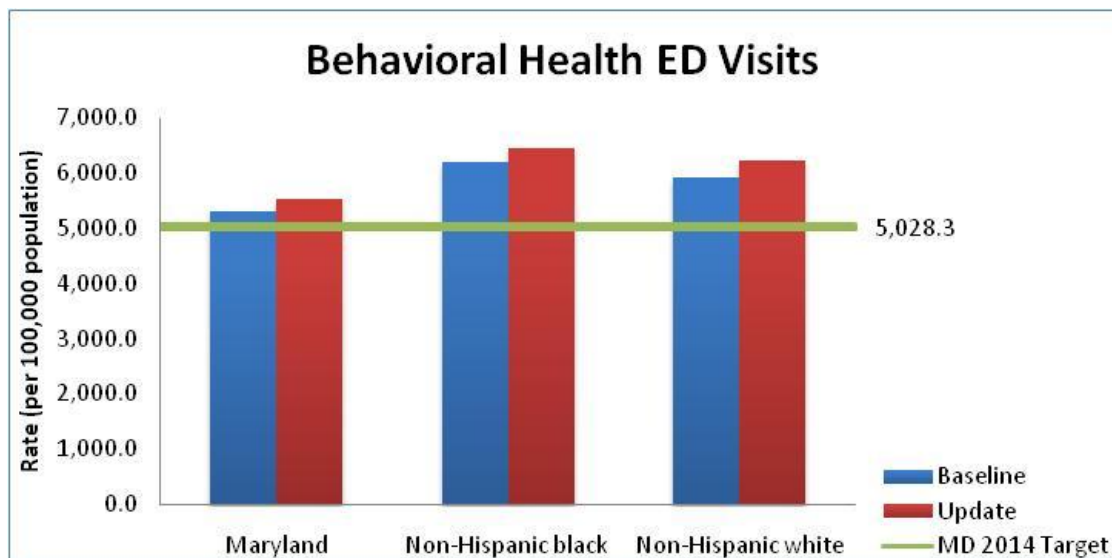
Substance abuse and mental health problems can place a heavy burden on the healthcare system, particularly when persons in crisis utilize emergency departments instead of other sources of care when available. In Maryland, there were 69,649 behavioral health-related emergency department visits in 2010.



Update Summary: Not moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Rate of emergency department visits related to behavioral health* (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

* diagnoses included adjustment disorders, anxiety disorders, attention deficit, conduct or disruptive behavior disorders, disorders usually diagnosed in infancy, childhood, or adolescence, impulse control disorders (not classified elsewhere), mood disorders, personality disorders, schizophrenia and other psychotic disorders, alcohol-related disorders, substance-related disorders, suicide and intentional self-inflicted injury, and miscellaneous mental disorders.

IMPORTANT: For the year 2 update, additional research was conducted and improvements were made in requesting, analyzing and displaying the hospital data. The Year 1 figures and rates did not include substance abuse disorders.



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The updated 2010 figures and rates were used for the baseline, therefore they do not match the figures originally displayed for 2010.

Maryland SHIP	Year	Total	NH Black	NH White	SHIP 2014 Target
Baseline	2010	5,292.9	6,187.4	5,906.8	5,028.3
Update	2011	5,521.7	6,444.6	6,217.0	

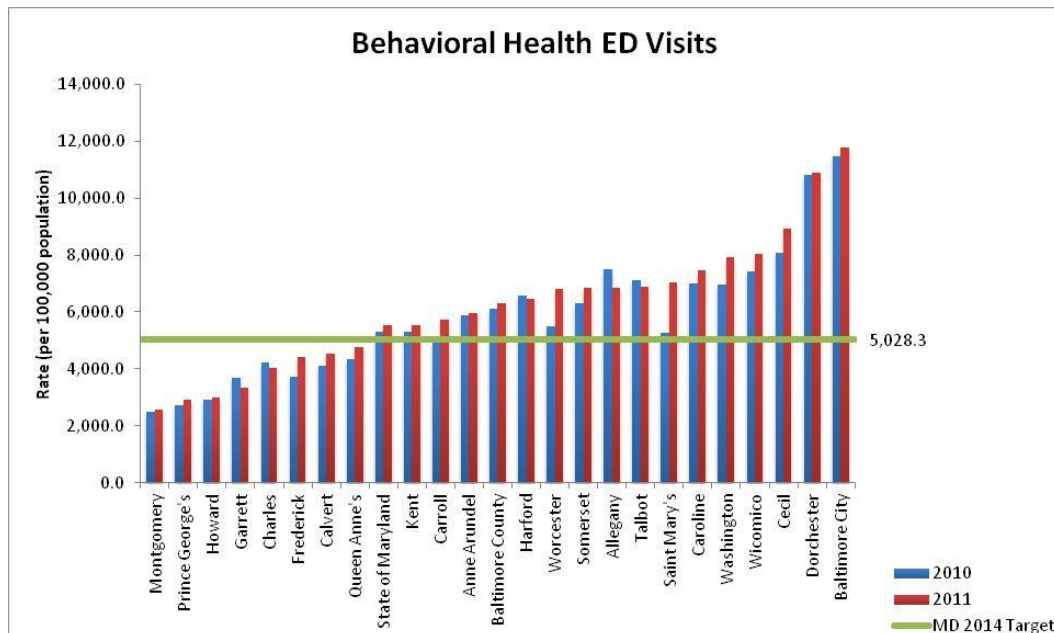
Objective 34: Reduce the number of emergency department visits related to behavioral health conditions



Update Summary: Not moving toward the Maryland 2014 Target

Local-Level Data

Measure: Rate of emergency department visits related to behavioral health* (per 100,000 population)





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Data Source: Maryland Health Services Cost Review Commission (HSCRC)

* diagnoses included adjustment disorders, anxiety disorders, attention deficit, conduct or disruptive behavior disorders, disorders usually diagnosed in infancy, childhood, or adolescence, impulse control disorders (not classified elsewhere), mood disorders, personality disorders, schizophrenia and other psychotic disorders, alcohol-related disorders, substance-related disorders, suicide and intentional self-inflicted injury, and miscellaneous mental disorders.

Note: Data are coded by patient's county of residence. Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made to hospitals outside of Maryland were not included.

County	2010	2011
State of Maryland	5,292.9	5,521.7
Allegany	7,517.9	6,846.8
Anne Arundel	5,878.3	5,944.3
Baltimore City	11,479.6	11,767.5
Baltimore County	6,123.0	6,288.2
Calvert	4,127.9	4,529.7
Caroline	6,992.1	7,454.9
Carroll	4,979.8	5,732.0
Cecil	8,078.5	8,933.7
Charles	4,236.1	4,024.7
Dorchester	10,819.2	10,885.4
Frederick	3,725.2	4,422.5
Garrett	3,674.8	3,347.6
Harford	6,577.3	6,469.3
Howard	2,899.1	2,999.6
Kent	5,292.9	5,548.4
Montgomery	2,502.7	2,569.1



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County	2010	2011
Prince George's	2,722.1	2,930.9
Queen Anne's	4,357.9	4,752.5
Saint Mary's	5,269.6	7,027.1
Somerset	6,297.7	6,830.2
Talbot	7,135.7	6,892.8
Washington	6,953.8	7,913.5
Wicomico	7,440.3	8,050.2
Worcester	5,511.7	6,792.3



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Data Details	Objective 34. Reduce the number of emergency department visits related to behavioral health conditions
<u>National Data</u>	
Source	---
Year	---
<u>Maryland Data</u>	
Source	Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Inpatient and Outpatient Data Files
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of inpatient and outpatient emergency department visits for which the primary or secondary diagnosis was defined as a behavioral health by the Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (AHRQ). These diagnoses included adjustment disorders, anxiety disorders, attention deficit, conduct or disruptive behavior disorders, disorders usually diagnosed in infancy, childhood, or adolescence, impulse control disorders (not classified elsewhere), mood disorders, personality disorders, schizophrenia and other psychotic disorders, alcohol-related disorders, substance-related disorders, suicide and intentional self-inflicted injury, and miscellaneous mental disorders.
Denominator	Number of persons (population)
Population source	Maryland Department of Planning (MDP)
Single year method	$(x/y) * 100,000$
Combined year method	---
<u>Notes</u>	
Race/ethnicity	Non-Hispanic Asians, non-Hispanic blacks, Hispanics, non-Hispanic whites
Censoring	Rates not reported where the number of ED visits was less than 20.
Origin	Research level data files were obtained from the Maryland Health Services Cost Review Commission in August 2012 using a data request form.
2014 Target	5,028.3 ED visits per 100,000 population
2014 Target Rationale	5% improvement
Other	IMPORTANT: Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made by Maryland residents to out-of-state hospitals were not included. Data are coded by patient's county of residence.